Children's Hospital of Philadelphia℠
Vaccine Education Center

# Sept. 9, 2026 Vaccine Update Webinar Q&A

## General questions

**Where can I obtain the slides from today or a recording of this presentation?**
The slides are available in the "resources" section of the console when you watch the event or on the webinar archive page of our site, https://www.chop.edu/pages/vaccine-webinar-archive.

**How do attendees claim CE credit for attending the event?**

Individuals who join the event live have until 1 pm ET on Thursday, 9/10 to claim CE credits and complete the evaluation using the link provided in the webinar. Individuals who watch the recording, or do not complete live event requirements in time, will need to complete a post-test and evaluation by following the link given during the webinar for obtaining credits. Links to the recording and slides will be available under "Archived webinar recordings" beginning at noon on Friday, 9/11, on our webinar webpage.

## Health Policy

**Where can we provide feedback on the vaccine guidance now being issued by the AAFP, AAP, ACOG, and other professional groups? Some recommendations seem confusing or incomplete, and specific details may be missing.**

Please contact each organization directly. The AAP has a location for questions or comments related to the immunization schedule (www.aap.org/en/forms/immunization-schedule-questions). This helps the organizations know what clinicians need. The other societies do not have dedicated immunization inquiry contacts, but all have contact information on their websites.

**What information from the CDC is trustworthy these days?**

It is challenging to provide a general response to this. In light of recent instances in which posted measles mortality data changed within hours, it has become impossible to understand which posted information is an accurate representation of current data or recommendations. We are still early in the tenure of Dr. Erica Schwartz, and we are eager to see how CDC may be run now that there is a director in place.

**Are you aware of any new or updated vaccines in the pipeline that will test how insurers and the Vaccines for Children (VFC) program approach new vaccines in the absence of ACIP recommendations? Also, has the FDA's scientific integrity been affected to the same extent as the CDC's?**

At this time, there is no test case for this scenario because the changes recommended by the newly appointed ACIP are currently stayed. The 2025 ACIP recommendations remain in effect with insurance

coverage. We have seen many state legislatures work to accommodate the new process of recommendations, acknowledging schedules by the AAP, ACOG, AAFP, and others, and we will be waiting to see how insurers follow that lead. To date, recommendations coming from the FDA do not seem affected to the same extent as those from CDC, but there have been structural and expertise changes that could cause changes moving forward, so we need to continue to monitor the entire federal landscape.

**Do you think this administration will try to defund the Vaccines for Children (VFC) program directly or indirectly by gutting the National Childhood Vaccine Injury Act (NCVIA)?**

Vaccines for Children (VFC) has traditionally been supported widely by both political parties, so defunding this program would be anticipated to be highly controversial. The NCVIA is the federal law enacted in 1986 which created a broader vaccine-safety and liability framework, including requirements for Vaccine Information Statements and adverse-event reporting, as well as establishing the National Vaccine Injury Compensation Program (VICP). Some states, like PA, have started work to ensure that vaccines would remain available if this program became unavailable. However, this would move the protections to state-based lawmakers, creating a patchwork of protection for children based on where they live.

**With a new president and RFK Jr. hopefully stepping down, do you think we will ever recover?**

The future is unclear. Regardless of what happens with the current administration, it will take considerable time to reestablish a strong, trustworthy federal public health agency.

**Is there any truth to a claim made on a television program this year by a person promoting the Journal of Independent Medicine that the pharmaceutical industry has exerted substantial influence over which research is published in prestigious medical journals such as The Lancet and The New England Journal of Medicine?**

The role of pharmaceutical companies in research is important to appreciate. Pharmaceutical companies fund a substantial amount of clinical research, the results of which are often submitted for publication. That does not mean pharmaceutical companies control what journals publish. Editorial decisions are made by journal editors following peer review. Safeguards include disclosure of funding and financial relationships, prospective registration of clinical trials and, for industry-academic collaborations, verification of the data by academic authors.

## Communicating about vaccines

**I have been sharing your QR codes with vaccine-hesitant parents. I try to be receptive to questions, but I worry about being perceived as too pushy. It is a delicate balance. Do you have any other suggestions?**

How we communicate with families is likely just as important as what we communicate. This is especially true in the current environment. For this reason, we have been working to increase resources on communication strategies. We have several tips for standardizing your approach to vaccine conversations on our webpage and also wrote a three-part series on vaccine conversations which can be accessed on the same page.

**How would you respond to statements from the public such as, "I got the COVID-19 vaccine, but I wish I hadn't; they're saying it's not good now"? We have heard comments like this at nearly all our outreach events.**

Responding to vaccine concerns always starts with listening and recognizing that it's normal for people to have questions about vaccines. Try to get to the root of the person's concern. For example, you can say, "I've heard that as well. What is your biggest concern?" This makes sure the conversation focuses on their needs, ensuring a personalized response. Sometimes their concern will require clarifying the science, but regardless, realize that the conversation is important for establishing and building trust.

**If parents have questions or concerns about vaccines, what additional information backed by data can we provide to ease their worries? Also, can the most up-to-date vaccine schedule be found on the AAP website?**

This is a great question because one of the most important realizations in this moment is that patients and families have different informational needs, so there is not one blanket source that will work for everyone. Find out what platforms they use to get information and try to offer reliable information from that platform. We also recommend having a short list of vetted websites that approach information differently, so that people can find the ones that are most helpful to them.

As an example, the VEC offers information in different formats and levels of detail because we realize these different needs:

- Our "On-the-Go" resources offer short bits of information and focus on the diseases while also providing information about rates of side effects. This information is in both English and Spanish, so more families can easily use it. In addition to the website sections, we offer sheets that can be given at the point of care.
- The "On-the-Go" information also offers links to some of our more detailed information in the form of the VEC Vaccine Notes program, which ensures that our website information can be accessed by families who might prefer video or podcast formats.
- We offer Q&A sheets, infographics, booklets and videos that can ensure a diversity of information approaches based on the needs of individual families.

Finally, regarding the part of the question about the immunization schedule, the latest recommendations can be found on each professional society's website and we keep a page on our healthcare provider site that points to those recommendations. However, if you are looking for simplified parent schedules with the recommendations, you can consider either the AAP's schedule or the VEC's version (Spanish).

## Vaccine-specific questions

**Can you please speak to the separation of the MMR vaccine? Do you think this could realistically happen in the United States, and what might the timeline look like?**

The combined MMR vaccine has been available since the early 1970s. It has been studied extensively and is safe and effective. As such, there is no benefit to separating it. Both pharmaceutical companies in the United States that manufacture these vaccines have enumerated the challenges with separating the components, including the need to complete clinical testing and regulatory review for three separate products that would be viewed as "new" in terms of regulation. If companies decided to undertake this

endeavor, it would take at least 10 years, though most experts agree that manufacturing interest in separating these vaccines is unlikely.

**What are your recommendations for the 2026 COVID-19 vaccine season and for influenza vaccination in seniors?**

Recommendations have come out for respiratory viral vaccines this September. For seniors, the American Academy of Family Physicians (AAFP) has taken the lead. Resources and recommendations are on their website and are based on evidence reviews provided by the Vaccine Integrity Project.